2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State
02-04-2003 90138 005 ***150.00

DOCUMENT # P96000083891

1. Entity Name
VERDEJA CONSULTING GROUP INC.

Principal Place of Business	Mailing Address
150 ALHAMBRA CIR	150 ALHAMBRA CIR
STE 800	STE 800
CORAL GABLES FL 33134	CORAL GABLES FL 33134
US	US

2. Principal Place of Business	3. Mailing Address
201 Alhambra Cir	201 Alhambra Cir
Suite, Apt. #, etc. Suite 901	Suite, Apt. #, etc. Suite 901
City & State Coral Gables	City & State Coral Gables Fl
Zip Fl Country	Zip 33134 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0699465 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VERDEJA, MIKE	Name Mike Verdeja
150 ALHAMBA CIRCLE	Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle #901
SUITE 800	~~Coral Gables~~
CORAL GABLES FL 33134	City Coral Gables FL Zip Code 33146

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VERDEJA, MIKE 150 ALHAMBRA CIR CORAL GABLES FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)